

ISSUE SLIP STAPLE AREA. (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		66589	3/4/98
FORMALITY REVIEW	SE	1700327	4/8

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
—	(Through numeral) Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Date							
	Final	Original	10/9/94	11/7/94	12/9/94	1/26/95	2/8/95	3/30/95
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)			✓	✓	✓	✓	✓	✓
(9)			✓	✓	✓	✓	✓	✓
(10)			✓	✓	✓	✓	✓	✓
(11)			✓	✓	✓	✓	✓	✓
(12)			✓	✓	✓	✓	✓	✓
(13)			✓	✓	✓	✓	✓	✓
(14)			✓	✓	✓	✓	✓	✓
(15)			N	N	N	✓	✓	✓
(16)			N	N	N	✓	✓	✓
(17)			✓	✓	✓	✓	✓	✓
(18)			✓	✓	✓	✓	✓	✓
(19)			✓	✓	✓	✓	✓	✓
(20)			✓	✓	✓	✓	✓	✓
(21)			✓	✓	✓	✓	✓	✓
(22)			✓	✓	✓	✓	✓	✓
(23)			✓	✓	✓	✓	✓	✓
(24)			✓	✓	✓	✓	✓	✓
(25)			✓	✓	✓	✓	✓	✓
(26)			✓	✓	✓	✓	✓	✓
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(28)			✓	✓	✓	✓	✓	✓
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(30)			✓	✓	✓	✓	✓	✓
(31)			✓	✓	✓	✓	✓	✓
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(33)			✓	✓	✓	✓	✓	✓
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(40)			✓	✓	✓	✓	✓	✓
(41)			✓	✓	✓	✓	✓	✓
(42)			✓	✓	✓	✓	✓	✓
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(46)			✓	✓	✓	✓	✓	✓
(47)			✓	✓	✓	✓	✓	✓
(48)			✓	✓	✓	✓	✓	✓
(49)			✓	✓	✓	✓	✓	✓
(50)			✓	✓	✓	✓	✓	✓

Claim	Date					
Final	Original					
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Claim		Date
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If more than 150 claims or 10 actions  
staple additional sheet here

MEET INSIDE